

What is chronic inflammatory disease?

Chronic inflammatory diseases (CIDs) are a group of medical conditions characterized by chronic inflammation and varying levels of disability. This includes conditions such as rheumatoid arthritis, psoriasis, psoriatic arthritis, Crohn's disease, ulcerative colitis, and ankylosing spondylitis. These conditions require life-long treatment to control their impact on your life. They occur when your own immune system attacks and damages different parts of your body. This results in significant disability and discomfort. Untreated, these conditions can lead to a significant decrease in quality of life and medical complications. Each type of CID is treated differently and managed by distinct medical specialists.

What are the treatment options for CID?

Although there is no cure for CID, certain medications may modify the disease course. This can lead to a decrease in symptoms and reduced disability. The following tables show available treatment options for rheumatoid arthritis (RA), plaque psoriasis (PsO), psoriatic arthritis (PsA), Crohn's disease (CD), ulcerative colitis (UC), and ankylosing spondylitis (AS).

Table 1: Conventional CID medications

Generic medication	Self- or provider-administered	PA required?	Route of admin	CID uses
Acitretin	Self	No	Oral	PsO
Azathioprine	Self	No	Oral	CD, PsA, PsO, RA UC
Balsalazide	Self	No	Oral	CD, UC
Cyclosporine	Self	No	Oral	CD, PsA, PsO, RA UC
Hydroxychloroquine	Self	No	Oral	PsA, PsO, RA
Leflunomide	Self	No	Oral	PsA, PsO, RA
Mercaptopurine	Self	No	Oral	CD, UC
Mesalamine	Self	No	Oral	CD, UC
Methotrexate	Self	No	Oral	PsA, PsO, RA
Mycophenolate	Self	No	Oral	PsA, PsO, RA
Sulfasalazine	Self	No	Oral	CD, PsA, PsO, RA UC

CD: Crohn's disease **PsA:** psoriatic arthritis **PsO:** plaque psoriasis **RA:** rheumatoid arthritis **UC:** ulcerative colitis



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Table 2: Biologic CID medications

UMP-preferred medications					
Medication	Ingredient name	Self- or provider-administered	PA required?	Route of admin	CID uses
Actemra Vial	tocilizumab	Provider	Yes	IV	RA
Cimzia Vial	certolizumab	Provider	Yes	SC	AS, CD, PsA, PsO, RA
Cosentyx	secukinumab	Self	Yes	SC	AS, nr-axSpA, PsA, PsO
Enbrel	etanercept	Self	Yes	SC	AS, PJIA, PsA, PsO, RA
Entyvio	vedolizumab	Provider	Yes	IV	CD, UC
Humira	adalimumab	Self	Yes	SC	AS, CD, HS, PJIA PsA, PsO, RA, UC, UV
Ilumya	tildrakizumab	Provider	Yes	SC	PsO
Inflectra	infliximab-dyyb	Provider	Yes	IV	AS, CD, PsA, PsO, RA, UC
Orencia Vial	abatacept	Provider	Yes	IV	RA, PsA
Otezla*	apremilast	Self	Yes	Oral	BD, PsA, PsO
Rinvoq	upadacitinib	Self	Yes	Oral	RA
Skyrizi	risankizumab	Self	Yes	SC	PsO
Simponi Aria	golimumab	Provider	Yes	IV	AS, PJIA, PsA, RA
Stelara	ustekinumab	Both	Yes	IV/SC	CD, PsA, PsO, UC
Xeljanz	tofacitinib	Self	Yes	Oral	RA, PJIA, PsA, UC
Xeljanz XR	tofacitinib	Self	Yes	Oral	RA, PJIA, PsA, UC
UMP-non-preferred medications					
Medication	Ingredient name	Self- or provider-administered	PA required?	Route of admin	CID uses
Actemra PFS	tocilizumab	Self	Yes	SC	GCA, PJIA, RA, SJIA
Avsola	infliximab-axxq	Provider	Yes	IV	AS, CD, PsA, PsO, RA, UC
Cimzia PFS	certolizumab	Self	Yes	SC	AS, CD, nr-axSpA, PsA, PsO, RA
Kevzara	sarilumab	Self	Yes	SC	RA
Kineret	anakinra	Self	Yes	SC	CAPS, RA
Olumiant	baricitinib	Self	Yes	Oral	RA
Orencia PFS	abatacept	Self	Yes	SC	RA, PJIA, PsA
Remicade	infliximab	Provider	Yes	IV	AS, CD, PsA, PsO, RA, UC
Renflexis	infliximab-abda	Provider	Yes	IV	AS, CD, PsA, PsO, RA, UC
Siliq	brodalumab	Self	Yes	SC	PsO
Simponi	golimumab	Self	Yes	SC	AS, PsA, RA, UC
Taltz	ixekizumab	Self	Yes	SC	AS, nr-axSpA, PsA, PsO
Tremfya	guselkumab	Self	Yes	SC	PsA, PsO

*Otezla is not a biologic therapy or a conventional medication used to treat CID. However, it is added to the biologic table for completeness. **AS:** ankylosing spondylitis **BD:** Behcet's disease **CAPS:** Cryopyrin-associated periodic syndrome **CD:** Crohn's disease **GCA:** giant cell arteritis **HS:** hidradenitis suppurativa **IV:** intravenous **nr-axSpA:** non-radiographic axial spondyloarthritis **PJIA:** polyarticular juvenile idiopathic arthritis **PsA:** psoriatic arthritis **PsO:** plaque psoriasis **RA:** rheumatoid arthritis **SC:** subcutaneous **SJIA:** systemic juvenile idiopathic arthritis **UC:** ulcerative colitis **UV:** Uveitis



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Rx coverage for self-administered CID therapies

Preferred self-administered biologic therapies

NOTE: The full coverage criteria for self-administered CID therapies is available at hca.wa.gov/assets/pebb/moda-ump-preauthreqs.pdf.

Ankylosing spondylitis (AS)

May be approved if you have a diagnosis of AS established by your doctor (rheumatologist), and the use of **two** NSAIDs were not effective, not tolerated, or contraindicated.

Crohn's disease (CD) and ulcerative colitis (UC)

May be approved if you have a diagnosis of CD established by your doctor (gastroenterologist), have severe disease, and **both of the following were not effective, were not tolerated, or were contraindicated:**

1. Corticosteroids
2. One conventional therapy (referenced in Table 1)

Plaque psoriasis (PsO)

May be approved if you have a diagnosis of chronic plaque psoriasis established by your doctor (dermatologist), have severe disease, and **both of the following were not effective, were not tolerated, or were contraindicated:**

1. Phototherapy
2. One conventional therapy (referenced in Table 1)

Rheumatoid arthritis (RA) and psoriatic arthritis (PsA)

May be approved if you have a diagnosis of RA or PsA established by your doctor (rheumatologist or dermatologist), have severe disease, and **one conventional therapy (referenced in Table 1) was not effective, was not tolerated, or was contraindicated.**

Non-preferred self-administered biologic therapies

May be approved if treatment with **all** preferred self-administered therapies indicated for the condition (referenced in Table 2) were not effective, not tolerated, or contraindicated.



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Medical coverage for provider-administered CID therapies

Ankylosing spondylitis (AS) and psoriatic arthritis (PsA)

Preferred infliximab product (Inflectra): May be approved if site-of-care administration requirements are met.

Non-preferred infliximab products (Avsola, Remicade, Renflexis): May be approved when both of the following are met:

1. Site-of-care administration requirements are met.
2. Documentation that all preferred infliximab products were not tolerated or are contraindicated.

All other provider-administered products listed in Table 2: May be approved if you have a diagnosis of AS or PsA established by your doctor (rheumatologist or dermatologist) and treatment with **two preferred self-administered therapies indicated for AS or PsA (referenced in Table 2) was not effective, was not tolerated, or was contraindicated.**

Crohn's disease (CD) and ulcerative colitis (UC)

Preferred infliximab product (Inflectra): May be approved if site-of-care administration requirements are met.

Non-preferred infliximab products (Avsola, Remicade, Renflexis): May be approved when both of the following are met:

1. Site-of-care administration requirements are met.
2. Documentation that all preferred infliximab products were not tolerated or are contraindicated.

All other provider-administered products listed in Table 2: May be approved if you have a diagnosis of CD or UC established by your doctor (gastroenterologist), have severe disease, and **both of the following were not effective, were not tolerated, or were contraindicated:**

1. Corticosteroids or conventional therapies (referenced in Table 1)
2. Two preferred self-administered therapies indicated for CD or UC (referenced in Table 2)

Plaque psoriasis (PsO)

Preferred infliximab product (Inflectra): May be approved if site-of-care administration requirements are met.

Non-preferred infliximab products (Avsola, Remicade, Renflexis): May be approved when both of the following are met:

1. Site-of-care administration requirements are met.
2. Documentation that all preferred infliximab products were not tolerated or are contraindicated.

All other provider-administered products listed in Table 2: May be approved if you have a diagnosis of chronic plaque psoriasis established by your doctor (dermatologist or rheumatologist), have severe disease, and **all of the following were not effective, were not tolerated, or were contraindicated:**

1. Phototherapy
2. One conventional therapy (referenced in Table 1)
3. **Two** preferred self-administered therapies indicated for PsO (referenced in Table 2)



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Medical coverage for provider-administered CID therapies continued

Rheumatoid arthritis (RA)

Preferred infliximab product (Inflectra): May be approved if site-of-care administration requirements are met.

Non-preferred infliximab products (Avsola, Remicade, Renflexis): May be approved when both of the following are met:

1. Site-of-care administration requirements are met.
2. Documentation that all preferred infliximab products were not tolerated or are contraindicated.

All other provider-administered products listed in Table 2: May be approved if you have a diagnosis of RA established by your doctor (rheumatologist), and **both of the following were not effective, were not tolerated, or were contraindicated:**

1. One conventional therapy (referenced in Table 1)
2. **Two** preferred self-administered therapies indicated for RA (referenced in Table 2)

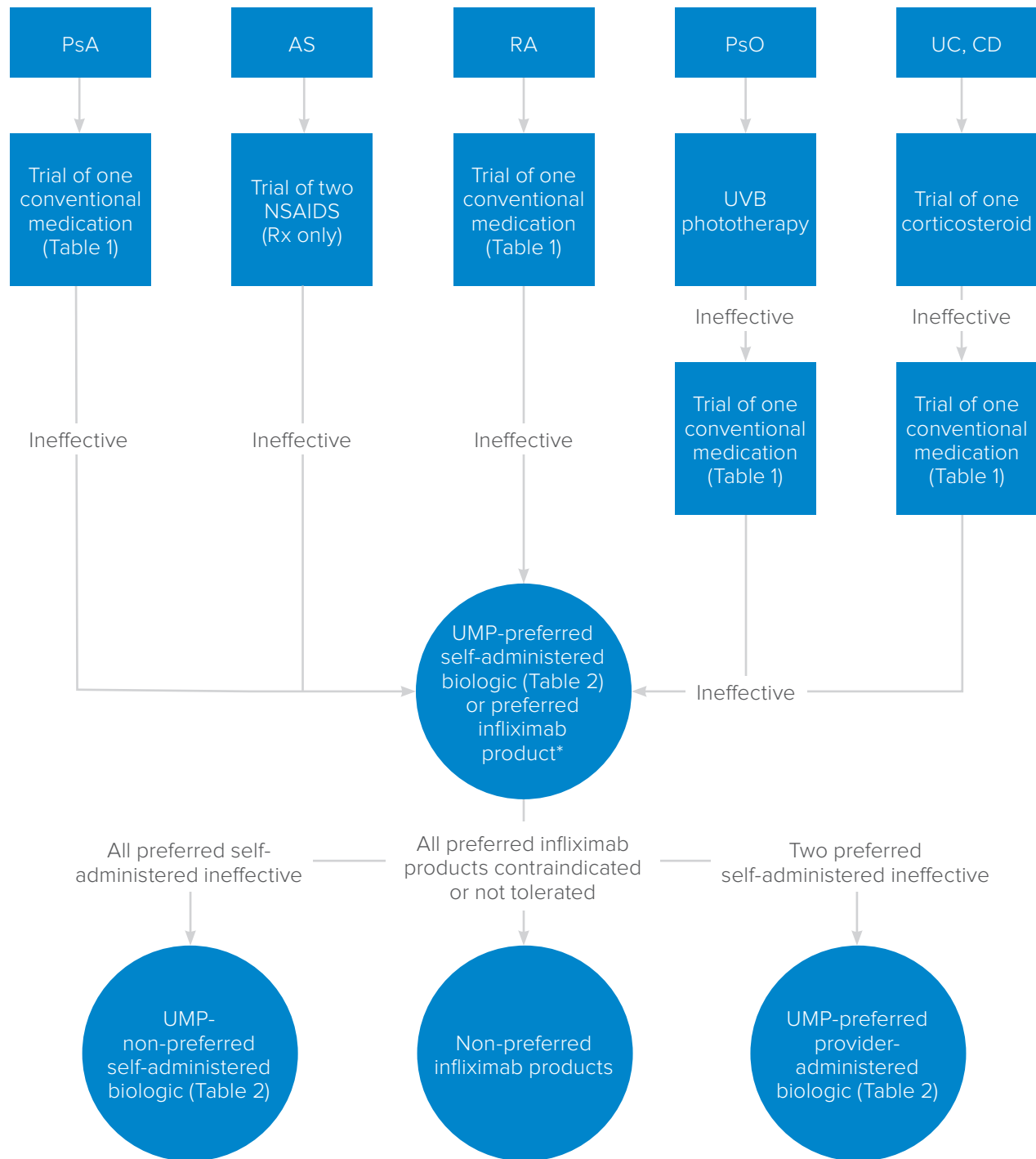


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CID coverage guide



*Preferred infliximab product (Inflixtra) may be approved for all indications when the site of care requirements have been met.



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Regence BlueShield serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association
1800 Ninth Avenue | Seattle, WA 98101

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